



**GEORGIA MEDICAID FEE-FOR-SERVICE  
MOVEMENT DISORDER AGENTS PA SUMMARY**

Preferred	Non-Preferred
Xenazine (tetrabenazine)*	Austedo (deutetrabenazine) Ingrezza (valbenazine) Tetrabenazine generic

\*preferred but requires PA

**LENGTH OF AUTHORIZATION:** 1 year

**NOTES:**

- Xenazine is preferred but requires PA.
- If generic tetrabenazine is approved, the PA will be issued for brand Xenazine.

**PA CRITERIA:**

*Xenazine and Tetrabenazine Generic*

- ❖ Approvable for members 18 years of age or older with a diagnosis of chorea (involuntary movements) associated with Huntington disease (HD) when the medication is prescribed by or in consultation with a neurologist and the prescriber has reviewed the risks of the medication with the member.
- ❖ Approvable for members 18 years of age or older with a diagnosis of moderate to severe tardive dyskinesia caused by the use of a dopamine receptor blocking agent (i.e., antipsychotic, metoclopramide) when the medication is prescribed by or in consultation with a neurologist or psychiatrist and the member has experienced an inadequate response, allergies, contraindications, drug-drug interactions or history of intolerable side effects with clonazepam and amantadine.

*Austedo*

- ❖ Approvable for members 18 years of age or older with a diagnosis of chorea (involuntary movements) associated with Huntington disease (HD) when the medication is prescribed by or in consultation with a neurologist and the prescriber has reviewed the risks of the medication with the member, and the member has tried tetrabenazine (Xenazine) for at least 12 weeks and experienced an inadequate response or member has a history of intolerable side effect with tetrabenazine (Xenazine).
- ❖ Approvable for members 18 years of age or older with a diagnosis of moderate to severe tardive dyskinesia caused by the use of a dopamine receptor blocking agent (i.e., antipsychotic, metoclopramide) when the medication is prescribed by or in consultation with a neurologist or psychiatrist and the member has experienced an inadequate response, allergies, contraindications, drug-drug interactions or history of intolerable side effects with clonazepam and amantadine as well as the member has tried tetrabenazine (Xenazine) for at



least 12 weeks and experienced an inadequate response or member has a history of intolerable side effect with tetrabenazine (Xenazine).

Ingrezza

- ❖ Approvable for members 18 years of age or older with a diagnosis of moderate to severe tardive dyskinesia caused by the use of a dopamine receptor blocking agent (i.e., antipsychotic, metoclopramide) when the medication is prescribed by or in consultation with a neurologist or psychiatrist and the member has experienced an inadequate response, allergies, contraindications, drug-drug interactions or history of intolerable side effects with clonazepam and amantadine.

**QLL CRITERIA:**

Medication	QLL
Xenazine/tetrabenazine 12.5 mg tablets	120 tablets per 30 days
Xenazine/tetrabenazine 25 mg tablets	60 tablets per 30 days

- Up to 120 tablets per 30 days of the 25-mg strength is approvable for members that are intermediate or extensive CYP2D6 metabolizers.

**EXCEPTIONS:**

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA and APPEAL PROCESS:**

- For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.